

**DIVISION OF MEDICAL QUALITY ASSURANCE
BOARD OF PHARMACY
4052 BALD CYPRESS WAY, BIN #C-04
TALLAHASSEE, FLORIDA 32399-3254
(850) 245-4292**



**PHARMACIST LICENSURE BY ENDORSEMENT
APPLICATION AND INSTRUCTIONS**

(Foreign Graduates)

October 2013

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Dear Florida Pharmacist Licensure by Endorsement Applicant,

Thank you for applying for licensure as a Pharmacist in the State of Florida. The information in this packet has been designed to provide the essential information required to process your application in a timely manner. Your assistance in providing all required information will enable the Florida Board of Pharmacy (the board) staff to process your application as soon as possible. You are encouraged to apply as early as possible, to avoid delays due to a large volume of applicants.

Florida Statutes require a completed application and fees before your application can be reviewed. You should use the enclosed checklist to ensure that all sections of the application are complete and that the required forms are submitted. Please read these instructions carefully and fully before submitting the application. You should keep a copy of the completed application and all other materials sent to the board office for your records. When you mail the completed application and fees, use the address noted in the instructions and on the application form.

When your application arrives, your fees will be deposited and verified before the staff review can begin. You will receive a letter acknowledging receipt of your application. The staff will notify you within 7-14 days if any materials are incomplete. Usually, verifications of licensure from other states and transcripts from schools may take some time in arriving at the board office.

If you need to communicate with the board staff, you are encouraged to email the board staff at info@floridaspharmacy.gov, or you may call us at (850) 245-4292. Phone calls are returned within 24 hours and emails are responded to within 48 hours during normal business hours. Our staff is committed to providing prompt and reliable information to our customers. Many procedures have been streamlined to expedite the processing of applications; we certainly welcome your comments on how our services may be improved.

Sincerely,

The Florida Board of Pharmacy

General Information

Requirements for Florida Pharmacist Licensure by Endorsement

Pursuant to Section 465.0075, *Florida Statutes (F.S.)*, to become licensed as a Pharmacist in the State of Florida by endorsement, a foreign graduate applicant must meet the following requirements:

FOREIGN GRADUATES

Foreign graduate applicants (graduates of non-Accreditation Council of Pharmacy Education (ACPE) accredited programs) must meet all of the following requirements:

- 1) Meet the qualification for licensure in Section 465.007(1)(b), F.S: which require all Foreign graduate applicants to complete a 500 hour work activity internship in Florida prior to becoming eligible for the examination:
 - a. Submit satisfactory proof that the applicant is not less than 18 years of age.
 - b. Submit evidence that the applicant is a graduate of a 4-year undergraduate pharmacy program of a school or college of pharmacy located outside the United States, and completed a minimum of 500 hours in a supervised work activity program in the State of Florida under the supervision of a pharmacist licensed in the state of Florida. The program must be approved by the Board.
 - c. Has obtained passing scores on the Test of English as a Foreign Language (TOEFL) and the Test of Spoken English (TSE), or the TOEFL iBT.

Passing Scores:

TOEFL:

213 (computer based test)
550 (paper and pencil test)

OR

TOEFL iBT:

Listening – 18
Reading – 21
Speaking – 26
Writing – 24

TSE:

50

- d. Obtain a passing score on the Foreign Pharmacy Graduate Equivalency Examination. To obtain information about this examination, please contact the Foreign Pharmacy Graduate Equivalency Commission (FPGEC®) at 1600 Feehanville Drive, Mount Prospect, IL 60056, or call (847) 391-4406.
- 2) Submit evidence of the applicant's active licensed practice of pharmacy in another state for at least two (2) of the immediately preceding five (5) years. Candidates applying by this method must submit 30 hours of board-approved continuing education for the two (2) years preceding the application.

Completed 2080 internship hours in a program that has been approved by the board

within two years from the date of receipt of your application (Per Rule 64B16-26.2031(5), Florida Administrative Code (F.A.C.)

- 3) Have obtained a passing score on the National American Pharmacist Licensure Examination[™] (NAPLEX[®]) or a similar nationally recognized examination.
- 4) Complete the Licensure by Endorsement Application and submit it with the appropriate fee and supporting documentation to the board.

Obtain a passing score on the Multistate Pharmacy Jurisprudence Examination[®] (MPJE[®]) (law exam). The MPJE[®] exam is computerized and can be taken in your state. Exams are offered everyday of the year with the exception of holidays and Sundays.

If you do not meet these requirements, you must apply by for licensure by examination. You will be required to take both the NAPLEX[®] and the Multistate Pharmacy Jurisprudence Examination[®] (MPJE[®]) (law exam) when applying by examination unless your NAPLEX[®] score was transferred to Florida within three (3) years of your exam date. Please visit our website at www.floridaspharmacy.gov to download the “Pharmacist Licensure by Examination Application and Instructions for Foreign Graduates.”

IMPORTANT NOTICE:

Effective July 1, 2012, section 456.0635, Florida Statutes, provides that health care boards or the department **shall refuse** to issue a license, certificate or registration and **shall refuse** to admit a candidate for examination if the applicant:

1. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S., (relating to social and economic assistance), Chapter 817, F.S., (relating to fraudulent practices), Chapter 893, F.S., (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed.

Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration, unless the sentence and any subsequent period of probation for such conviction or plea ended:

- For the felonies of the first or second degree, more than 15 years from the date of the plea, sentence and completion of any subsequent probation;
 - For the felonies of the third degree, more than 10 years from the date of the plea, sentence and completion of any subsequent probation;
 - For the felonies of the third degree under section 893.13(6)(a), F.S., more than five years from the date of the plea, sentence and completion of any subsequent probation;
2. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues), unless the sentence and any subsequent period of probation for such conviction or pleas ended more than 15 years prior to the date of the application;
 3. Has been terminated for cause from the Florida Medicaid program pursuant to section 409.913, F.S., unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent five years;
 4. Has been terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent five years and the termination occurred at least 20 years before the date of the application;
 5. Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.

NOTE: This section **does not apply** to candidates or applicants for initial licensure or certification who were enrolled in an educational or training program on or before July 1, 2009, which was recognized by a board or, if there is no board, recognized by the department, and who applied for licensure after July 1, 2012.

Application Processing

Please read all application instructions before completing your application.

Within 7-14 days of receipt of your application and fees, the board office will notify you of the receipt of your application, any required documents, and your status. If your application is complete, you should receive an authorization to test (ATT) from NABP® within 7 days, if you have submitted the MPJE® registration forms and required fees. You will not receive the ATT until NABP® has received and processed your forms and fees. The board office must be notified in writing of anything which changes or affects a response given in your application (e.g., change of name, address, telephone number, arrests or convictions, licensure status or disciplinary action in another state, or an incorrect answer to a question). If you move, you must change your address as state mail is not forwarded. **Please download a copy of the laws and rules from the board website at www.floridaspharmacy.gov/resources, for study purposes.**

ALL REQUIREMENTS FOR LICENSURE MUST BE MET WITHIN ONE (1) YEAR OF THE RECEIPT OF YOUR APPLICATION OR THE APPLICATION WILL EXPIRE AND YOU WILL HAVE TO REAPPLY AND RESUBMIT ALL DOCUMENTS.

Continuing Education

All Licensure by Endorsement candidates must submit 30 hours of board-approved continuing education for the two (2) calendar years preceding the application, if applying using work experience.

All applicants must complete a Florida Board approved course on medication errors prior to licensure. The course shall be no less than two (2) contact hours and shall cover the subjects listed in subsection 64B16-26.103(1)(c), Florida Administrative Code (F.A.C.). **Please refer to CE Broker's website at www.CEBroker.com and click the Florida Course Search quick link for a list of approved courses.** Submit a copy of the course completion certificate to the board with your application (Item #2).

Grade Reports

Your examination results will be available online at <http://flhealthsource.com/providers.html> , under "Check Exam Results" within 7-10 days of your test date. You will need the last 4 digits of your social security number and your date of birth in order to access your scores online. Please do not telephone the Board office for the results of your examination; we cannot give your results over the phone for any reason.

Board Licensure Procedure

Once you have passed the exam(s), submitted all required documents, and met all licensure requirements, you will be licensed within 7 – 10 business days. A licensure letter will be mailed to you immediately and you will receive the license in approximately seven (7) days. **You may lookup your license number on our website at <http://flhealthsource.com/> under "Verify a License."**

Withdrawals

If you are unable to continue with the licensure process and wish to withdraw your application, you may submit a written request to the board office requesting a refund of the \$195.00 initial licensure/unlicensed activity fee. **Please note that the \$100.00 application fee is non-refundable.** The request must be received prior to the board's granting of licensure. The board reserves the right to deny your withdrawal request.

Special Testing Assistance

In order to apply for special accommodations you must have a qualifying medical condition. Download the information booklet at <http://www.doh.state.fl.us/mqa/Exam/spectest.htm> or contact the Testing Services Unit at (850) 245-4252.

Please note, if the board has questions or concerns about the information contained in your application you may be required to appear before the board prior to the granting of licensure.

REQUIREMENTS FOR FLORIDA PHARMACIST LICENSURE BY ENDORSEMENT

**Please submit the following to the Florida Board of Pharmacy:
P.O. Box 6320, Tallahassee, FL 32314-6320**

ITEM #1 – Social Security Form: Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by federal statute. **In this instance, Social Security Numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 456.013(12), 409.2577, and 409.2598, Florida Statutes (F.S.).** Social Security Numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security Numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L. 193, Section 317. **Please attach to Item #2 (Pharmacist Licensure by Endorsement Application).**

ITEM #2 – Pharmacist Licensure by Endorsement Application: All candidates must complete this application. If you answer “yes” to any question in 15-27 on the application, please submit certified official court copies of any supporting documents for the board to review. Applicants who have listed offenses on the application must submit a letter in their own words describing the circumstances of the offense. All sections must be completed in full. If an item is not applicable, indicate with N/A. N/A is not an acceptable answer for yes or no questions and could result in a delay of processing. Failure to submit a complete application will result in a processing delay. If you provide false information, the board may deny your application for licensure. **Please attach a check payable to THE FLORIDA DEPARTMENT OF HEALTH in the amount of \$295.00.**

**Please submit the following to the Florida Board of Pharmacy:
4052 Bald Cypress Way, Bin C-04, Tallahassee, FL 32399-3254**

ITEM #3 – Internship or Work Experience Form (Form B)

You are required to document the completion of two years work experience as a licensed pharmacist and completion of 500 intern hours completed in Florida. Two years of work experience must be documented on the Internship or Work Experience Form (Form B) to the board office. 500 intern hours completed in Florida must be documented on Page 22 of the Foreign Graduate Registered Intern Work Activity Manual.

If you are self-employed as a pharmacist, please submit a notarized statement with your form describing attesting to your ownership of your pharmacy.

ITEM #4 – Licensure Verification Form: Each state must submit a written verification of the current status of your license. It is the applicant's responsibility to contact each state in which they have held or currently hold a license to request licensure verification. The verification must be received directly from the state board of pharmacy, or it will not be accepted. The state board of pharmacy does not have to use the form included in this packet, they may submit their own. **This information is required even if you are no longer licensed in the state.**

APPLICATION CHECKLIST

Keep a copy of the completed application for your records.

It is recommended that you use the following checklist to help ensure that your application is complete. Failure to attach any required document, or to have required documentation to the board, will result in an incomplete application. **Final approval cannot be granted until the application is complete.** Faxed applications will not be accepted.

- _____ **Social Security Form (Item #1) – (Attach to Item #2)**
- _____ **Pharmacist Licensure by Endorsement Application (Item #2)**
- _____ **Check made payable to the FLORIDA DEPARTMENT OF HEALTH in the amount of \$295.00 attached.**
- _____ **Internship or Work Experience Form – Form B (Item #3) – a form must be completed by each employer.**
- _____ **Licensure Verification Form (Item #4) – a form must be completed for each state in which you are licensed or have held a license.**
- _____ **30 Hours of Continuing Education Credits – applicants documenting work experience as a licensed pharmacist for at least two (2) of the previous five (5) years must submit evidence that 30 hours of continuing education have been completed in the previous two (2) years.**
- _____ **Medication Errors Course - All applicants must complete a Florida Board approved course on medication errors prior to licensure. The course shall be no less than two (2) contact hours and shall cover the subjects listed in subsection 64B16-26.103(1)(c), F.A.C. Please refer to CE Broker's website at www.CEBroker.com and click the Florida Course Search quick link for a list of approved courses. (Submit a copy of the course completion certificate to the Board of Pharmacy.)**
- _____ **MPJE® (law exam) Registration Form - You may go online to NABP®'s website at www.nabp.net to register and pay for the exams, or you may mail the appropriate fee with your registration form to NABP®. NABP® does not accept personal checks. Your payment must be in the form of a money order or Cashier's check. **Submit your MPJE® registration forms to: National Association of Boards of Pharmacy, 1600 Feehanville Drive, Mt. Prospect, IL 60056. Please DO NOT mail the MPJE® registration fee and form to the Board of Pharmacy.****
- _____ **Preliminary Application for Transfer of Pharmaceuticals Licensure – you may go online to NABP®'s website at www.nabp.net to download this application. Complete all required information and **submit your Application for Transfer of Pharmaceuticals Licensure to: National Association of Boards of Pharmacy, 1600 Feehanville Drive, Mt. Prospect, IL 60056. Please DO NOT mail the Preliminary Application for Transfer of Pharmaceuticals Licensure fee and form to the Board of Pharmacy.****

NABP will verify the information that you provided in your application and will mail an official Application of Transfer of Pharmaceutics Licensure to the **CANDIDATE**. **ONCE YOU RECEIVE THIS OFFICIAL APPLICATION FROM NABP, YOU ARE REQUIRED TO MAIL IT TO THE BOARD OF PHARMACY WITHIN 90 DAYS.**

_____ **FOREIGN GRADUATES:**

_____ **Copy of Passing Test Scores**

_____ **FPGEE**

_____ **TOEFL AND _____ TSE; OR _____ TOEFL iBT**

_____ **Page 22 of Foreign Graduate Work Activity Manual**



FLORIDA BOARD OF PHARMACY

P.O. Box 6320 • Tallahassee, FL 32314-6320

Phone: (850) 245-4292

www.floridaspharmacy.gov

**CONFIDENTIAL AND EXEMPT FROM PUBLIC
RECORDS DISCLOSURE**

Name: _____
 Last **First** **Middle**

Social Security Number: _____

This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USC § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.



FLORIDA BOARD OF PHARMACY
P.O. Box 6320 • Tallahassee, FL 32314-6320
Phone: (850) 245-4292
www.floridaspharmacy.gov

ITEM #2 – PHARMACIST LICENSURE BY ENDORSEMENT APPLICATION
FEE: \$295.00 (1013)

Please print or type legibly.

| 1. Biographical Data | | | |
|---|--------------------------|---|-------------|
| Last Name | First Name | | Middle Name |
| | | | |
| Street Address (ML – Mailing Address) | City | State | Zip |
| | | | |
| Work Address (PL – Practice Location) | City | State | Zip |
| | | | |
| Home Phone Number | Business Phone Number | E-Mail Address | |
| | | | |
| Date of Birth | Place of Birth | | |
| | | | |
| 2. Equal Opportunity Data – We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43FR38295 (August 25, 1978). The information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure. | | | |
| SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female RACE: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other | | | |
| 3. Have you ever changed your name through marriage or through action of a court or have you ever been known by any other name? If yes, list name(s) and date(s) of the changes below. Use a separate sheet, if necessary. | | | |
| Yes _____ No _____ | | | |
| NAME | | DATE | |
| | | | |
| | | | |
| 4. Name of university, college or school of pharmacy attended | | | |
| | | | |
| 5. Date Of Graduation | 6. Type Of Degree Earned | 7. Have you ever been licensed as an intern in Florida? | |
| | | Yes _____ No _____ Intern License Number: _____ | |

8. Please indicate the date you successfully completed the National American Pharmacist Licensure Examination™ (NAPLEX®.)

Date _____

9. Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disasters?

Yes _____ No _____

10. Method of application - Please select one of the methods of application listed below; you must submit proof that the requirement you choose has been met.

_____ A. Two years of active practice within two (2) of the last five (5) years.

_____ B. Successful completion of an internship within the immediately preceding two (2) years.

PLEASE NOTE: If you choose "A" above, you must have completed 30 hours of continuing education in the previous two (2) calendar years of when your application is received. (For example, if you are applying in 2009 your continuing education must be earned in 2007 and 2008.) If you choose "B" your internship hours must be certified by the state board of pharmacy where the hours were completed.

Foreign Graduates must meet the requirements of Section 465.007(1)(B)(2), F.S., in addition to the above requirements.

11. Please answer the following questions.

a. Date you took and passed the Test of English as a Foreign Language (TOEFL) or TOEFL iBT?

_____ Date _____ Score

b. Date you took and passed the Test of Spoken English (TSE)?

_____ Date _____ Score

c. Date you took and passed the Foreign Pharmacy Graduate Equivalency Examination (FPGEE)?

_____ Date _____ Score

d. Date you completed the 500 hour internship requirement in Florida: _____

12. List all experience earned as an intern. If you have been a registered pharmacist for at least one (1) year, list only your pharmacist experience. If you graduated more than two years ago, it is necessary to complete this section. Note: you must submit one (1) Internship or Work Experience Form – Form B (Item #4) for each employer listed below. Use a separate sheet, if necessary.

| Dates | Employer | Location | Intern Or Pharmacy Experience | Total Hours |
|-------|----------|----------|-------------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |

13. List all state(s) or jurisdictions in which you have been or are currently registered as a pharmacist. Note: you must submit one (1) Licensure Verification Form (Item #5) for each state listed below. Use a separate sheet, if necessary.

| State | License Number | Date Issued |
|-------|----------------|-------------|
| | | |
| | | |
| | | |

14. Special Testing Accommodations – please indicate if you require special testing accommodations due to a disability, or if you have a religious conflict with the scheduled examination date. **If yes, complete the Request for an Application for Testing Accommodations (item #6) and submit it to Testing Services. You may also contact Testing Services by telephone (850) 245-4252 for detailed information and an application. All requests must be made in writing and include supporting documents.**

Yes _____ No _____

15. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest, to a crime in any jurisdiction other than a minor traffic offense?

Yes _____ No _____

(You must include all misdemeanors and felonies, even if adjudication was withheld by the court, so that you would not have a record of conviction. Driving under the influence or driving while impaired is NOT a minor traffic offense for the purposes of this question.)

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16. In the last five (5) years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?

Yes _____ No _____

17. In the last five (5) years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?

Yes _____ No _____

18. During the last five (5) years, have you been treated for or had a recurrence of a diagnosed physical impairment that has impaired your ability to practice pharmacy?

Yes _____ No _____

19. In the last five (5) years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five (5) years?

Yes _____ No _____

| |
|--|
| 20. Has disciplinary action ever been taken against your pharmacist or any other professional license in this state or any other state? |
| Yes _____ No _____ |
| 21. Have you ever surrendered your pharmacist or any other professional license in another jurisdiction when disciplinary action was pending? |
| Yes _____ No _____ |
| 22. Are you presently being investigated or is any disciplinary action pending against you? |
| Yes _____ No _____ |
| 23. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If no, do not answer 23 A-D.) |
| Yes _____ No _____ |
| 23a. If “yes” to 23, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation? |
| Yes _____ No _____ |
| 23b. If “yes” to 23, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes). |
| Yes _____ No _____ |
| 23c. If “yes” to 23, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation? |
| Yes _____ No _____ |
| 23d. If “yes” to 23, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If “yes”, please provide supporting documentation). |
| Yes _____ No _____ |
| 24. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? |
| Yes _____ No _____ |

| |
|--|
| 24a. If “yes” to 24, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended? |
| Yes _____ No _____ |
| 25. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If no, do not answer 25b.) |
| Yes _____ No _____ |
| 25b. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? |
| Yes _____ No _____ |
| 26. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? (If no, do not answer 26a and 26b.) |
| Yes _____ No _____ |
| 26a. Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years? |
| Yes _____ No _____ |
| 26b. Did the termination occur at least 20 years prior to the date of this application? |
| Yes _____ No _____ |
| 27. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities? (If “yes”, please provide official documentation) |
| Yes _____ No _____ |
| 28. If “yes” to any of the questions 23 through 27 above, on or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by this profession’s licensing board or the Department of Health? (If “yes”, please provide official documentation verifying your enrollment status.) |
| Yes _____ No _____ |
| All of the above questions must be answered or your application will be returned for completion. If you answer “yes” to any questions in 16-27 explain on a sheet providing accurate details, and submit a certified official copy of the order of the court or state board of pharmacy, or supporting documents or all if applicable. |
| |

Section 456.013(1)(a), F.S., requires that applicants supplement their applications as needed to reflect any material change in any circumstances or changes stated in the application which takes place between the initial filing of the application and the final grant or denial of the license and which might affect the decision of the department.

The statements contained in this application are true, complete and correct and I agree that said statements shall form the basis of my application and I do authorize the Florida Board of Pharmacy to make any investigations they deem appropriate and to secure any additional information concerning me. I further authorize them to furnish any information they may have or have in the future concerning me to any person, corporation, institution, association, board or any municipal, county, state, or federal government agencies or units, and that I understand according to the Florida Board of Pharmacy statutes, a pharmacist's license may be denied, revoked or suspended for presenting any false, fraudulent, or forged statement, certificate, diploma, or other item, in connection with an application for a license or permit, as set forth in section 465.016(1)(a), F.S..

Applicant Signature

Date

**FLORIDA BOARD OF PHARMACY**

4052 Bald Cypress Way, Bin C-04 • Tallahassee, FL 32399-3254

Phone: (850) 245-4292 • www.floridaspharmacy.gov**ITEM #3 – INTERNSHIP OR WORK EXPERIENCE FORM (FORM B)****Please print or type legibly.**

| | | | |
|---|---|---------------------|------------|
| 1. Biographical information | | | |
| Applicant Name | Intern/Pharmacist License Number | Phone Number | |
| | | | |
| Street Address | City | State | Zip |
| | | | |
| 2. Have you submitted an application for the Florida Pharmacist Examination? If yes, please indicate date. | | | |
| Yes _____ No _____ Date _____ | | | |

I HEREBY APPLY FOR INTERNSHIP OR WORK EXPERIENCE CREDIT AS OUTLINED BELOW UNDER THE SUPERVISION OF:

| | | | |
|--|-----------------------------------|-------------------------------------|------------|
| 3. Pharmacy information | | | |
| Supervising Pharmacist's Name | License Number | | |
| | | | |
| Pharmacy Name | Permit Number | | |
| | | | |
| Street Address | City | State | Zip |
| | | | |
| Phone Number | 4. Dates of Experience | | |
| | From: ___/___/___ To: ___/___/___ | | |
| 5. Average number of hours per week | | 6. Total hours of experience | |
| | | | |
| (No more than 50 hours per week if you are a student and no more than 60 after graduation is allowed) | | | |

Applicant's Signature_____
Date

This report is a correct statement of fact. The above information was taken from the records of the above named pharmacy and are available for inspection by the Board of Pharmacy.

Preceptor/Supervisor's Signature_____
Date**NOTE: Please check to be sure that you have answered all of the questions above.****PLEASE RETURN THIS FORM TO THE BOARD OFFICE:**

**FLORIDA BOARD OF PHARMACY
4052 BALD CYPRESS WAY
BIN #C-04
TALLAHASSEE, FL 32399-3254**

**FLORIDA BOARD OF PHARMACY**

4052 Bald Cypress Way, Bin C-04 • Tallahassee, FL 32399-3254

Phone: (850) 245-4292 • www.floridaspharmacy.gov**ITEM #4 - LICENSURE VERIFICATION FORM****To be completed by applicant licensed as registered pharmacist. Please print or type legibly.**

| | | | | | |
|------------------------------------|--|----------------------|-----------------------|-------------------------------|------------|
| 1. Biographical Information | | | | | |
| Applicant Name | | Date of Birth | | Social Security Number | |
| | | | | | |
| Street Address | | City | | State | Zip |
| | | | | | |
| 2. License Number | | | 3. Date Issued | | |
| | | | | | |

To be completed by state or other jurisdiction board office:

The individual listed above has applied for licensure in the State of Florida as a registered pharmacist. Before further consideration is given to this application, we would appreciate your assistance in completing the information requested below. (Upon completion of this form, please return same to the address below.)

| | | | |
|---|-------------------------------|----------------------------|--|
| 4. Licensure verification provided by state or jurisdiction of: | | 5. Applicant's Name | |
| | | | |
| 6. Type Of License Issued | 7. Date License Issued | 8. License Number | |
| | | | |
| 9. Current status of license | | | |
| _____ Active _____ In-active _____ Other (explain) _____ | | | |
| 10. License obtained by | | | |
| Examination _____ Reciprocity/Endorsement _____ | | | |
| 11. Has applicant been found guilty of any violations for which disciplinary action was taken? | | | |
| Yes _____ No _____ | | | |
| Note: if disciplinary action has been taken against this licensee, please provide this office with any documentation regarding this action. | | | |

Print name_____
Signature_____
Title_____
Date**PLEASE RETURN THIS FORM TO THE BOARD OFFICE:****FLORIDA BOARD OF PHARMACY
4052 BALD CYPRESS WAY
BIN #C-04
TALLAHASSEE, FL 32399-3254**

(BOARD SEAL)

NOTE: Please check to be sure that you have answered all of the questions above.

Frequently Asked Questions

Prior Criminal History and Disciplinary Actions

Question: What crimes or license discipline must be reported on the application?

Answer: All convictions, guilty pleas, and nolo contendere pleas must be reported, except for minor traffic violations not related to the use of drugs or alcohol. This includes misdemeanors, felonies, “driving while intoxicated (DWI)” and “driving under the influence (DUI).” Crimes must be reported even if they are a suspended imposition of sentence. All prior disciplinary action against any other professional licenses must be reported, whether it occurred in Florida or another state or territory.

Question: Can a person obtain a license as a pharmacist if they have a misdemeanor or felony crime on their record?

Answer: Each application is evaluated on a case-by-case basis. The board considers the nature, severity, and recency of offenses, as well as rehabilitation and other factors. The board cannot make a determination for approval or denial of licensure without evaluating the entire application and supporting documentation.

Question: Do I have to report charges if I completed a period of probation and the charges were dismissed or closed?

Answer: Yes. Offenses must be reported to the board even if you received a suspended imposition of sentence and the record is now considered closed.

Question: What type of documentation do I need to submit in support of my application if I have a prior criminal record or licensure discipline?

Answer: (1) Certified official court document(s) relative to your criminal record, showing the date(s) and circumstance(s) surrounding your arrest(s)/conviction(s), section(s) of the law violated, and disposition of the case. This would normally consist of the Complaint or Indictment, the Judgment, Docket Sheet or other documents showing the disposition of your case. This may also be referred to as the Order of Probation. The clerk of court must certify these documents.

(2) Certified copy of document(s) relative to any disciplinary action taken against any license. The documents must come from the agency that took the disciplinary action and must be certified by that agency.

(3) A detailed description of the circumstances surrounding your criminal record or disciplinary action and a thorough description of the rehabilitative changes in your lifestyle since the time of the offense or disciplinary action, which would enable you to avoid future occurrences. It would be helpful to include factors in your life, which you feel may have contributed to your crime or disciplinary action, what you have learned about yourself since that time, and the changes you have made that support your rehabilitation.

Licensure and Examination

Question: I registered online and received a confirmation number from NABP®. Can I use this confirmation number to schedule an appointment?

Answer: No, the confirmation number is only used as proof of completing the online registration process. You will receive an Authorization to Test (ATT) identification number (via regular mail) from Thomson Prometric upon eligibility approval from the board.

Question: When will I get the ATT?

Answer: You should receive your ATT within 45 days from the date you mail your application, if the application is complete and you have submitted the registration forms and fees to NABP®.

Question: How long is the ATT good for?

Answer: One (1) year from the date of receipt of the application. If you are a licensure transfer candidate, you must test before your official application expires. Please contact the board to determine if additional restrictions apply.

Question: How do I get an extension on my ATT?

Answer: Candidates are given a one-year eligibility period to schedule and take the examination. Requests for eligibility extensions will not be granted. If your eligibility expires, you must submit a new registration form and fees.

Question: How do I schedule an appointment?

Answer: If you received your ATT letter, you may schedule your appointment via Thomson Prometric's web site, www.2test.com or by calling Thomson Prometric's Candidate Services Call Center at 1-800-796-9860.

Question: I missed my appointment. How do I schedule a new one?

Answer: In order to reactivate/reprocess an ATT, the candidate must submit a letter to NABP®, along with the vendor administrative fee. The vendor administrative fee for MPJE® is \$60.

Question: Can I work as a pharmacist while I am waiting for approval?

Answer: No, however you may work as a licensed intern. You must apply to the board office for a Florida intern license if you do not currently have one.

Question: Where can I take the MPJE® examination?

Answer: The MPJE® exam is computerized and can be taken in your state. Exams are offered everyday of the year with the exception of holidays and Sundays. You may schedule an appointment at any testing location.

Question: How long do I have after I submit my application to take the licensure examination?

Answer: You have one (1) year after the date your application is received by the board to complete all licensure requirements. If you do not meet the application requirements within one (1) year, the application will expire and you must reapply.

Question: What should I do if I fail the exam?

Answer: Register with NAPB and submit the exam fees after the allotted waiting period. You must wait a minimum of 30 days to retake the MPJE®.

Question: What should I do if my name or address change after I apply but before I am licensed?

Answer: Complete and mail the change of name or address form to the board office and Testing Services, with all appropriate documentation.

Question: How can I find out if I passed my exam?

Answer: According to Chapter 456, *Florida Statutes*, results may not be given by telephone for any reason. Your examination results will be available online at <http://ww2.doh.state.fl.us/ONLINETESTNET/default.aspx> within 7-10 days of your test date. You will need the last 4 digits of your social security number and your date of birth in order to access your scores online.

Please visit the board's website at <http://www.floridaspharmacy.gov/help-center/#faq> to view additional frequently asked questions and answers.